

California Medical Waste Management Program HOME GENERATED SHARPS CONSOLIDATION APPLICATION

Home-generated sharps consolidation	n point and trans	porter information:	
Consolidation Point		Transporter	
Est./Facility name		Name	
Contact person		Contact person	
Address		Address	
Telephone ()		Telephone (
Pick-up frequency*		Registration number	
*NOTE: If pick-up from the consolidated document will serve as a request the Department approval of this application. For more information, the Medical Section 117600, et seq. is available operational requirements for Home 118147. If you are a registered medical was provides a mechanism for your feenforcement agency for more information.	at the Department on is your authorical Waste Manager le on the CDPI representation of the generator, the acility to accept	nt approve less from the approve less from the approve less from the attention and the approve less from the a	equent service by the transporter of storage. fornia Health and Safety Code to://www.cdph.ca.gov) states the Points in Sections 117904 and Management Act, Section 118147.
Upon completion mail this form to:			
California Department of Public Health Medical Waste Management Program, MS 7405 P.O. Box 997377 Sacramento, CA 95899-7377			
For more information visit the California	Department of Pu	ublic Health web sit	e at http://www.cdph.ca.gov.
FOR DEPARTMENT USE ONLY			
Reviewed by	Date	Approved Reason:	☐ Not approved
		i Cason.	